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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/555,479	11/03/2005	Wolfgang Hirschburger	3455	7000
7590		01/17/2008		
Striker Striker & Stenby				
103 East Neck Road				
Huntington, NY 17743				
			EXAMINER	
			SELF, SHELLEY M	
			ART UNIT	PAPER NUMBER
			3725	
			MAIL DATE	DELIVERY MODE
			01/17/2008	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Interview Summary</b>	Application No. 10/555,479	Applicant(s) HIRSCHBURGER ET AL.	
	Examiner Shelley Self	Art Unit 3725	

All participants (applicant, applicant's representative, PTO personnel):

(1) Shelley Self. (3) \_\_\_\_\_.

(2) I. Zborovsky. (4) \_\_\_\_\_.

Date of Interview: 15 November 2008.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1 and 7-10.

Identification of prior art discussed: n/a.


Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Applicant stated the amendment filed November 6, 2007 included amended claims 1 and 7-10 to obviate any 35 U.S.C. 112 rejections. Examiner noted that the amended claims appeared to be free of 35 U.S.C. 112 rejections, however the amendment would be reviewed in its entirety as it relates to prior art and 35 U.S.C. 112.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

  
Examiner's signature, if required

Sample Form (03-04)

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Application of: Hirschburger et al

Application No. 10/555,479

Filed: 11/03/2005

Title: Hand Router

Attorney Docket No. 3455 An Unit: 3725

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
<u>I. Zborovsky</u>	<u>28,563</u>

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

**SIGNATURE of Practitioner of Record**

Signature	<u>[Signature]</u>	Date	<u>01/14/08</u>
Name	<u>Michael D. Stokut</u>	Registration No., if applicable	<u>27,233</u>
Telephone	<u>631-549 4700</u>		

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-5100 and select option 2.